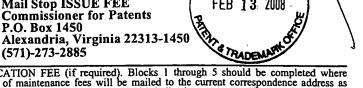
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•				PADEMAN					(Date)	
APPLICATION NO.	FILING DATE	ATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
09/769,533	09/769,533 01/26/2001				Madoka Mitsuoka 1405.1033/JDH 4908					
TITLE OF INVENTION	I: DELIVERY MANAGI	EMENT	METHOD AND	DEVICE, AND DELI	··· ,					
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440		\$300	_	\$0 		\$1740 JYEN3 00000063 097	02/13/2008 6 9533	
EXAMINER			ART UNIT	CLASS-SUBCLASS		01 FC:1501			1449.00 OP	
ROSEN, NICHOLAS D			3625	705-026000	02 FC:15		4		300.00 OP	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent	For printing on the patent front page, list the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is ted, no name will be printed.					
3. ASSIGNEE NAME A	AND RESIDENCE DAT.	а то в	E PRINTED ON	THE PATENT (print o	r typ	e)				
recordation as set for	th in 37 CFR 3.11. Com	tified be pletion o	clow, no assignee of this form is NO	I a substitute for fifting	g an a	issignment.			ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
FUJITSU L	IMITED			KAWASAKI,	J.	APAN			•	
Please check the approp	riate assignee category o	r catego	ries (will not be pr	rinted on the patent):		Individual 🚨 C	orporat	ion or other private gro	oup entity Government	
4a. The following fee(s) Issue Fee Publication Fee (i) Advance Order -	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form). 									
	atus (from status indicate								ED 1.07()(0)	
a. Applicant clair	ns SMALL ENTITY stat	us. See	37 CFR 1.27.					TITY status. See 37 Cl		
interest as shown by the	records of the United St	ates Pat	ent and Trademark	Office.	11	applicant, a reg	isuled		ne assignee or other party in	
Authorized Signature	e Show 7.	6 ~				Date	32/	13/08		
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